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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22832

Registration District No. 784 Primary Registration District No. 201 Registrar's No. 1173

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2138 67th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits write "RURAL")

(d) Street No. 2138 67th. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mariah Forbes L12

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Richard

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 9 (Day) 1853 (Year)

8. AGE: Years 87 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Pawpaw (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Borrows
13. Birthplace Orange (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Fannie Payne
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mable Hole
(b) Address 2138 67th. St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Grafton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUN 20 1940 (Date received local registrar) (b) A. R. Meyer M.D. Dr. O.H. (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from June 6th 1940, to June 19 1940
that I last saw her alive on June 19th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture neck of R. Femur

Due to Fall on Floor

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 186 18

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. W. Pain's (M. D. or other)
Address 3505 N. Grand Date signed 6/20/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1127

P. O. Address 4704 Washington B

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.